

**EXHIBIT 28**



Revised June 2006

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## ERAS® Document Submission Form

**Instructions:**

Please submit this form along with any document(s) you want processed for your ERAS application including: original MSPE, photograph, original Letters of Recommendation (LoRs) and copy of medical school transcript. For LoRs, please be sure to list the names of the letter writers in the grid provided below. If you agreed to waive your right to view your LoR(s), your letter writer(s) must submit the "LOR Cover Sheet / Instructions for International Medical Graduates". The form can be found and downloaded at <http://www.aamc.org/students/eras/resources/>.

**Note:** Please do not send any documents that you do not intend to assign to programs as part of your application.

Applicant Name / AAMC ID: John C. Nosa Akoda / 11450936

Applicant Signature: Charles Akoda

**Documents submitted with this form: (Please circle)**

1. MSPE (must be an original)

YES

NO

2. Color Photograph

YES

NO

3. Medical School Transcript (copy)

YES

NO

(ERAS cannot access a medical transcript or photo that you may have sent to ECFMG for the purpose of ECFMG Certification.)

4. Original Letter(s) of Recommendation that are included in this mailing (enter name of letter writer):

Letter Writer Names	
Name: <u>Dr A.O. Roberts</u>	Name:
Name: <u>Dr Phil Robertson</u>	Name:
Name: <u>Dr Charles Francis</u>	Name:
Name:	Name:
Name:	Name:

**Submit the completed form with your documents to:****Regular mail:**

ECFMG / ERAS Documents  
PO Box 11746  
Philadelphia, PA 19101-0746 USA

**Courier service:**

ECFMG / ERAS Documents  
3624 Market Street  
Philadelphia, PA 19104-2685 USA

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SH 10/16  
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OCT 05 2006

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